Providence HEALTH CARE

Provincial Health Services Authority
Province-wide solutions. Better health.

RESPIRATORY SERVICES CRITICAL CARE FLOWSHEET

DATE: _____

EVAC: ☐ Yes ☐ No **AIRWAY**: Size: _____

TYPE: ☐ ETT ☐ TT ☐ NIV Mask ☐ HFNC

Time				
ETT Position (cm ATT)	R M L	R M L	R M L	R M L
ETT Advance (cm)				
ETT Withdraw (cm)				
Cuff Pressure (cmH_2O)				

RESPIRATORY MEDICATIONS: (see MAR)

salBUTamol: NEB / MDI _____ dose, Q ____ H/PRN

ipratropium: NEB / MDI _____ dose, Q ____ H/PRN

budesonide (PULMICORT)/fluticasone (FLOVENT)/Other:

_____

ETT SECURING DEVICE: ☐ Ties/Tapes (change daily) ☐ Stabiltube (change every 3 days) ☐ AnchorFast (change every 5 to 7 days)

CHANGE DUE (date): _____ ☐ Change Done (time):_____ | TRACH CARE DONE (time): DAY: _____ NIGHT: _____

ESOPHAGEAL/Edi CATHETER POSITION: _____ cm at: ☐ Teeth ☐ Nare Catheter Size: _____ FR

INITIAL SHIFT ASSESSMENT (DAY) Time: _____ **Signature:** _____

RESP: Auscultation: _____

SUCTIONING: Amount / Consistency / Colour / Frequency: (Last 12 hours) _____

Work of Breathing: _____ **Chest Tubes:** _____

COUGH: ☐ spontaneous ☐ stimulated ☐ strong ☐ moderate ☐ weak ☐ absent **GAG:** ☐ present ☐ absent

CHEST X-RAY: Most Recent Date: _____ ETT position confirmed: ☐ Yes ☐ NA ETT position above carina: _____ cm

SAFETY EQUIPMENT PRESENT?: ☐ mask ☐ airways ☐ syringe ☐ resuscitator ☐ filter ☐ PEEP valve: _____cmH_2O

CNS: RASS: _____ Temp: _____ Infusions: _____

CVS: HR: _____ BP: _____ (____) Infusions/Support: _____

GU: Fluid balance: (24 hour total) _____ Urine Output: (hourly average) _____ ☐ Diuretics ☐ CRRT ☐ Hemodialysis

CURRENT ISSUES: _____

GOALS & PLANS: _____

INITIAL SHIFT ASSESSMENT (NIGHT) Time: _____ **Signature:** _____

RESP: Auscultation: _____

SUCTIONING: Amount / Consistency / Colour / Frequency: (Last 12 hours) _____

Work of Breathing: _____ **Chest Tubes:** _____

COUGH: ☐ spontaneous ☐ stimulated ☐ strong ☐ moderate ☐ weak ☐ absent **GAG:** ☐ present ☐ absent

CHEST X-RAY: Most Recent Date: _____ ETT position confirmed: ☐ Yes ☐ NA ETT position above carina: _____cm

SAFETY EQUIPMENT PRESENT?: ☐ mask ☐ airways ☐ syringe ☐ resuscitator ☐ filter ☐ PEEP valve: _____cmH_2O

CNS: RASS: _____ Temp: _____ Infusions: _____

CVS: HR: _____ BP: _____ (____) Infusions/Support: _____

GU: Fluid balance: (during day shift) _____ Urine Output: (hourly average) _____ ☐ Diuretics ☐ CRRT ☐ Hemodialysis

CURRENT ISSUES: _____

GOALS & PLANS: _____

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RESPIRATORY SERVICES
CRITICAL CARE FLOWSHEET

DATE: _____

TIME	NOTES (Therapist to initial each entry)

If you initial this form you must complete the Interdisciplinary Signature Sheet at the front of the patient chart.

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RESPIRATORY SERVICES CRITICAL CARE FLOWSHEET

DATE: ______________________________

TIME	NOTES (Therapist to initial each entry)

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RESPIRATORY SERVICES CRITICAL CARE FLOWSHEET

pH ≥ _____ SpO_2 ≥ _____ Other: _____

Height (inches): _____ IBW (kg): _____

Target Vt (mL): _____ (6 to 8 mL/kg)

DATE:		TIME:																
VENTILATOR	Vent:	Mode																
	Tidal Volume SET/EXHALED																	
	Respiratory Rate SET/TOTAL																	
	Minute Volume																	
	FiO_2 OR Litre Flow																	
	P_{PEAK}/P_{PLAT}																	
	P_{MEAN}																	
	PEEP SET/TOTAL or CPAP																	
	$P_{SUPP}/P_{CONTROL}$																	
	$RISE_{INSP}$ / $CYCLE_{OFF}$ %																	
	Peak Flow / WAVEFORM																	
	Sensitivity PRESSURE or FLOW																	
	I:E Ratio / T_{INSP}																	
	$P_{TP\ PLAT}$ / $P_{TP\ PEEP}$ ESOPHAGEAL PRESSURE																	
	NAVA Level / $E_{DI\ PEAK}$																	
	Temperature																	
	H_2O Level / VADI ON CHECK																	
	C_{ST} / C_{DYN} / R_{AW}																	
PATIENT	Suctioning																	
	EVAC Patent/Suction mmHg																	
	SpO_2																	
	SvO_2 or $EtCO_2$																	
SPONT	Tidal volume																	
	Respiratory rate																	
	Minute Volume																	
	f/V_t RATIO or VC or NIF																	
ALARMS	Pressure HIGH/LOW																	
	Low Volume TIDAL/MINUTE																	
	FiO_2 HIGH/LOW																	
	Apnea Interval SECONDS																	
ABG	Time of Sample																	
	pH																	
	$PaCO_2$																	
	PaO_2																	
	HCO_3^-																	
	Base Excess																	
	SaO_2																	
		INITIALS:																

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☐ NITRIC ☐ FLOLAN ☐ HELIOX ☐ ISOFLURANE ☐ HFOV ☐ NAVA ☐ EPM ☐ STUDY: _____

Date: _____ Patient: _____ Area: _____